

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

dsf

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT -" for such proposals.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

Unit Lease # 91-008723 RECEIVED

5. LEASE DESIGNATION AND SERIAL NO.
NM-0467934

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Grayburg-Jackson WFLU

8. FARM OR LEASE NAME
GRAYBURG-JACKSON WFLU TR. MC

9. WELL NO. Tract MB.
05

10. FIELD AND POOL, OR WILDCAT
Grayburg Jackson SR-Q-Gb-SA

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA
27, 17-S, 30-E

2. NAME OF OPERATOR
Phillips Petroleum Company ✓

3. ADDRESS OF OPERATOR
Room 401, 4001 Penbrook St., Odessa, TX 79762

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

Unit 0, 990' FSL & 2310' FEL

14. PERMIT NO.
API No. 30-015-04362

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

12. COUNTY OR PARISH
Eddy

13. STATE
N.M.

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	<input type="checkbox"/>

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

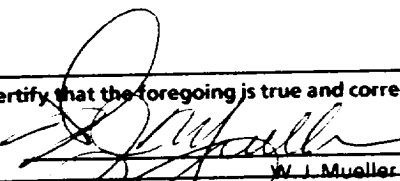
The subject well was shut down August 1, 1987 as uneconomical to operate. The last test taken on 6/30/82 was 0.4 BOPD, 5.7 BWPD and 0 MCFD. The subject well is to be held shut in pending waterflood expansion or evaluation for recompletion/P&A.

APPROVED FOR 12 MONTH PERIOD

ENDING 1/20/89

18. I hereby certify that the foregoing is true and correct

SIGNED



TITLE

Eng. Supervisor, Res.

DATE

November 30, 1987

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

1-21-88

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

Gray-Jack WFLU05